FLORIDA DEPARTMENT OF STATE DIVISION OF ELECTIONS CAMPAIGN TREASURER'S REPORT SUMMARY						
(1) Terry Santini	OFFICE USE ONLY					
Name (2) 4179 Davie Road. Suite 200	RCVD JAN 15 '10					
(2) 4179 Davie Road, Suite 200 Address (number and street)	KOVD JIM 13 10					
Davie, FL 33314						
City, State, Zip Code						
CHECK IF ADDRESS HAS CHANGED	(3) ID Number:					
(4) Check appropriate box(es):						
COMMUNICATION REPORTS WILL BE FILED						
(5) REPORT IDENTIFIERS Cover Period: From 01 / 11 / 10 To 01 / 16 / 10 Report Type G /						
☑ Original ☐ Amendment ☐ Special Election	Report Independent Expenditure Report					
(6) CONTRIBUTIONS THIS REPORT	(7) EXPENDITURES THIS REPORT					
Cash & Checks \$	Monetary Expenditures \$					
Loans \$ 500.00	Transfers to Office Account \$					
Total Monetary \$	Total Monetary \$					
In-Kind \$	——————————————————————————————————————					
	(8) Other Distributions \$					
(9) TOTAL Monetary Contributions To Date \$ 500.00	(10) TOTAL Monetary Expenditures To Date \$ 497, 25					
(11) CERTIFICATION						
I certify that I have examined this report and it is true, correct, and complete.	I certify that I have examined this report and it is true, correct, and complete.					
(Type name) Terry Santini Individual (only for electioneering commun.) X Signature Terry Santini Deputy Treasurer Deputy Treasurer	(Type name) Terry Santini Chairperson (only for PC, PTY & electioneering commun. organization) Signature					

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CAMPAIGN LOANS REPORT ITEMIZED

Page ____1 of __1 (PLEASE TYPE) FULL NAME AND ADDRESS OF LENDER: FULL NAME AND ADDRESS OF LENDER: Terry Santini 4001 SW 108 Terrace Davie, FL 33328 OCCUPATION: ____CPA OCCUPATION: AMOUNT OF LOAN: \$500.00 AMOUNT OF LOAN: DATE RECEIVED: _____1/11/2010 DATE RECEIVED: FULL NAME AND ADDRESS OF LENDER: FULL NAME AND ADDRESS OF LENDER: OCCUPATION: OCCUPATION: AMOUNT OF LOAN: _____ AMOUNT OF LOAN: _____ DATE RECEIVED: DATE RECEIVED: FULL NAME AND ADDRESS OF LENDER: FULL NAME AND ADDRESS OF LENDER: OCCUPATION: OCCUPATION: AMOUNT OF LOAN: _____ AMOUNT OF LOAN: DATE RECEIVED: DATE RECEIVED: _____

CAMPAIGN TREASURER'S REPORT - ITEMIZED EXPENDITURES

(1) Name	CAMPAIGN TERRY SANTINI #3 (2) I.D. Number			
(3) Cover Period _	01 / 11 / 2010 through 01 / 15 / 2010	(4) Page1 of1		

(5)	(7)	(8)	(9)	(10)	(11)
(6) Sequence Number	Full Name (Last, Suffix, First, Middle) Street Address & City, State, Zip Code	Purpose (add office sought if contribution to a candidate)	Expenditure Type	Amendment	Amount
01 /11 /10	TOWN OF DAVIE	FILING FEE	MON		\$497.25
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